

Case Number:	CM15-0149143		
Date Assigned:	08/12/2015	Date of Injury:	06/28/2004
Decision Date:	09/11/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male who sustained an industrial injury on June 28, 2004. Diagnosis included cervical spine strain and sprain, rule out degenerative disc disease with symptoms of upper extremity radiculitis; let shoulder strain and sprain, rule out subcromial impingement or rotator cuff tear; left knee status post left tibial plateau fracture with open reduction and internal fixation, hardware removal, and a left total knee replacement on December 20, 2013; lumbar spine status post anterior and posterior lumbar spinal fusions; and status post placement of implanted pain pump. Treatment has included physical therapy, home exercise program, cane for walking, surgery and medications. A primary treating office visit dated July 2, 2015 reported continued constant aching in the left knee, worse with weather changes, and continued low back pain. Pain controlled with Morphine pump and adjustment of spinal cord stimulator and daily narcotics and NSAIDs for breakthrough pain. Objective findings showed lumbar spine tenderness and spasm in the bilateral lumbar region, loss of lordosis, normal straight leg raise, decreased reflexes in lower legs, left extensor hallucis lingus weakness (4/5) and decreased light touch sensation bilaterally in lower legs. Flexion was to 55 degrees, a standing leg raise noted negative bilaterally and sensation grossly intact. His left knee showed a healed incision, mild swelling and range of motion 0-100 degrees; stable to varus and valgus stress. Current medications were: Percocet 5mg 325mg, Colace, Ambien, Gabapentin 300mg, Naprosyn, Omeprazole, Ranitidine, and Morphine pump. The request in question regards use of Restoril for insomnia and use of omeprazole for heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Restoril 30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4(5): 487-504 2) American Psychiatric Association Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Temazepam (Restoril) is an intermediate-acting hypnotic of the benzodiazepine class of psychoactive medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has the drawback of causing abnormal sleep patterns. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or GABA receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. The American Psychiatric Association guidelines notes less evidence available to support treating insomnia in a depressed patient with a selective GABA agonist. This patient has been taking a sleep agent (Ambien) regularly for longer than 6 months. The change to Restoril is due to insurance stopping coverage of Ambien. The provider implies the patient's sleep difficulties is due to his pain but a full evaluation for the etiology for his chronic insomnia has not been done and there is no documentation of other associated sleep symptoms, such as daytime impairment, consistent with the diagnosis of insomnia. The medical necessity for use of this medication has not been established, therefore the request is not medically necessary.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal

reflux, and Zollinger/Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients that are at intermediate risk of developing gastric problems from the NSAIDs but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address the opioid-induced dyspepsia issue either. Since combined therapy with chronic NSAID and opioids used in this patient may cause dyspepsia, use of omeprazole in this patient is an appropriate therapy. Medical necessity for use of this medication has been established, therefore the request is not medically necessary.